

# **HOUSEHOLD GOODS APPLICATION PROCESS**

## **Step 1: Filling out the Application**

- A. Fill out application completely.
- B. Make sure all areas are signed.
- C. Application must be notarized at appropriate places.
- D. If incorporated, attach Articles of Incorporation.

## **Step 2: Application is assigned a Docket Number.**

- A. Applicant will receive confirmation letter including the Docket Number.
- B. Confirmation letter will explain attorney requirements.

## **Step 3: Notice of Filing**

- A. Applicant will receive cover letter and Notice of Filing document to be published in newspaper(s) of general coverage.
- B. Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.
- C. Applicant **MUST** provide the Commission with the Original Publishers' Affidavits by the return date specified in the cover letter.

## **Step 4: Witness and/or Attorney Information**

- A. Applicant or Attorney **MUST** advise the Commission of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony, either in writing or verbally.
- B. Hearing dates **will not** be set without the above information.

## **Step 5: Notice of Hearing**

- A. Notice of Hearing document including the date, time and place of hearing is mailed to all parties of record.

## **Step 6: Hearing Requirements (R. 103-133)**

- A. Applicant and/or witnesses must prove that the carrier is Fit, Willing and Able to provide the services applied for.
- B. Applicant must prove that the Public Convenience and Necessity is not already being served in the territory by existing authorized service.
  - 1. The Public Convenience and Necessity criterion **MUST** be shown by the use of shipper witnesses. (Hearing **WILL NOT** be held without Shipper Witnesses.)
  - 2. Shipper Witness testimony should, at a minimum, support the area to be served.
- C. Regarding Shipper Witnesses - S.C. Code Ann Section 58-23-590 (Supp. 1998) provides in part that the commission shall issue a common carrier certificate or contract carrier permit of public convenience and necessity if the applicant proves to the commission that:
  - 1. it is fit, willing, and able to properly perform the proposed service and comply with the provisions of this chapter and the commission's regulations; and
  - 2. the proposed service, to the extent to be authorized by the certificate or permit, is required by the present public convenience and necessity.

## **(HOUSEHOLD GOODS APPLICATION PROCESS CONTINUED)**

The commission shall adopt regulations that provide criteria for establishing that the applicant is fit, willing, and able, and criteria for establishing that the applicant must meet the requirement of public convenience and necessity. The determination that the proposed service is required by the public convenience and necessity must be made by the commission on a case by case basis.

Regulation 103-133 sets forth with particularity the requirements that an applicant must demonstrate in order to demonstrate "fit, willing, and able." See, 26 S.C. Code Regs 103-133(1) (Supp. 1998), a copy of this regulation is attached hereto.

26 S.C. Code Regs. 103-133(1) also provides in relevant part that "[t]he public convenience and necessity criterion must be shown by the use of shipper witnesses." The term "shipper witness" is not defined in the regulation, but the term "shipper witness" refers to a witness who can support the testimony of the applicant regarding the need for additional services in an area. Under statute 58-23-590, the applicant must prove that the "proposed service ... is required by the present public convenience and necessity." While an applicant will testify that his services are needed in an area, the shipper witnesses are used to present supporting testimony that the services are in fact needed.

Generally, a shipper witness includes, but is not limited to, a person who books, attempts to book, or controls the shipment of goods. In the context of providing supporting testimony regarding the present state of public convenience and necessity, a shipper witness is someone who, through first hand knowledge, is familiar with the availability, or unavailability, of moving services in an area. First hand knowledge should come from either requiring moving services personally or from booking moving services for a company or business, such as a relocation officer for a company. To properly address the public convenience and necessity criterion, a shipper witness should be able to present testimony concerning efforts to obtain moving services and the relative ease or difficulty in obtaining moving services from existing carriers in area or areas proposed to be served by the applicant. While a shipper witness may have used the services of the applicant and may testify to satisfaction with the applicant's services, testimony regarding the applicant's service and satisfaction with those services goes more to the "fitness" of the applicant rather than to the issue of public convenience and necessity.

Further, testimony of the shipper witness(es) must address the "present public convenience and necessity." (Emphasis added.) In other words, testimony should relate to recent events or incidents and should not focus on events that are distant or remote in time.

### **Step 7: Commission Action**

- A. Docket is put on the Commission Agenda for action.
  - 1. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
  - 2. If approved, Applicant has 60 days from the date of the Order to file proof of liability and cargo insurance, rates and obtain a satisfactory safety rating(which is performed by State Transport Police(803-896-5500) with the Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211.
  - 3. After 60 days, extension of time to comply must be requested in writing.

### **Step 8: Issuance of Certificate**

- A. After filing of insurance, rates and safety information, the Certificate of Public Convenience and Necessity is issued.

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)**

**OFFICE # (803) 896-5100**

**FAX # (803) 896-5199**

CLASS E (HHG)

DATE \_\_\_\_\_, 20\_\_\_\_

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

\_\_\_\_\_

2. (a) Street Address of Applicant \_\_\_\_\_

\_\_\_\_\_

- (b) Mailing address, if different from street address \_\_\_\_\_

\_\_\_\_\_

- (c) Telephone Number \_\_\_\_\_ SS No. \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business.  
(b) If a corporation, names and addresses of two principal officers will be sufficient.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".  
(b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. \_\_\_\_\_
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)  
(a) Intrastate Only \_\_\_\_\_ (b) Interstate Only \_\_\_\_\_
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide **intrastate** transportation of household goods in another state? Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one).  
*If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.*
11. Has applicant been convicted of operating with no **intrastate** household goods authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of household goods in this state or any other state?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one)  
*If yes, list dates and nature of convictions below.*  
\_\_\_\_\_
12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one).  
*If yes, list dates and reason for revocation below.*  
\_\_\_\_\_

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Applicant's Representative) (Title)  
of \_\_\_\_\_, the Applicant for the Certificate of Public Convenience and Necessity as  
(Applicant)  
set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

At \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
\_\_\_\_\_  
(Notary Public)

Commission Expires: \_\_\_\_\_

(Signature of Applicant's Representative)

CLASS E  
EXHIBIT A

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**POST OFFICE DRAWER 11649  
COLUMBIA, SC 29211**

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**(APPLICANT)**

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**(ADDRESS)**

**Proposed Rates and Charges for Service**

**And Rules and Regulations Governing Same Are As Follows:**

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**Post Office Drawer 11649  
Columbia, South Carolina 29211**

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(Name)

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(Address)

**Over Irregular Routes:**

**Commodities to be Transported:**

**Household Goods, As Defined in R. 103-210(1):**

**Area to be Served: (List counties in detail)**

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(Applicant)

**Date:** \_\_\_\_\_

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**By**

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**Title**





## **INSURANCE QUOTE**

The following insurance quote is for:

\_\_\_\_\_  
(Name of Motor Carrier)

\_\_\_\_\_  
(Address of Motor Carrier)

**Amount of Premium:**

**Limits Quoted (See Below):**

Liability Insurance     \$ \_\_\_\_\_ Limits \_\_\_\_\_

Cargo Insurance        \$ \_\_\_\_\_ Limits \_\_\_\_\_

**\* Attach Certificate of Insurance if available.**

\_\_\_\_\_  
(Insurance Company Name)

\_\_\_\_\_  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Authorized Insurance Company Representative)

**\*\*\* Form E and Form H Certificates of Insurance are required to be filed with the Public Service Commission of South Carolina. Please refer to Regulation Nos. 103-172; 103-173 for Schedule of Minimum Limits. Transportation regulations are accessible on the ORS website ([regulatorystaff.sc.gov](http://regulatorystaff.sc.gov)).**

## EXHIBIT FWA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "yes", indicate nature of judgement(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes \_\_\_\_\_ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

\_\_\_\_\_  
(Applicant's Signature)

Sworn to before me

At \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Commission Expires: \_\_\_\_\_

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

\_\_\_\_\_  
(Applicant's name)

### **SAFETY CERTIFICATION**

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

<b>PLEASE CHECK THE APPROPRIATE BOX</b>	
<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NOT APPLICABLE</b>

**EXEMPT APPLICANTS** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

<b>PLEASE CHECK THE APPROPRIATE BOX</b>	
<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NOT APPLICABLE</b>

### **APPLICANT'S OATH**

I, \_\_\_\_\_, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

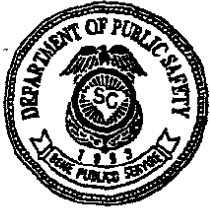
Sworn to before me

at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
Signature of Applicant  
(Not Legal Representative)



## South Carolina Department of Public Safety

### State Transport Police Division

#### MOTOR CARRIER COMPLIANCE FOR SAFETY RATINGS

To receive operating authority, your company must be in compliance with the following regulations that are applicable to your carrier operation:

- Code of Federal Regulations (CFR), Title 49, Parts 382, 383, 390 through 399 as prescribed by the Federal Motor Carrier Safety Administration of the U.S. Department of Transportation.
- 49 CFR, Parts 100 through 180 as prescribed by the Research and Special Programs Administration of the U.S. Department of Transportation.

Before a scheduled appointment is made by a State Transport Police officer, the following items will be completed and available for viewing:

- A copy of applicable safety regulations, hazardous material regulations, and company policies.
- Comply with the marking of vehicles. Reference: 390.21
- Comply with requirements for driver qualification files. Reference: 391.51
- Comply with alcohol and drug testing to include written policies for drivers (382.601), supervisor training (382.603), pre-employment testing (382.301), random testing (382.305), information from previous employers (382.413), monthly or quarterly reports (Part 40), and retention of records (382.401).
- A system in place to track hours of service. Reference: Part 395.1(e)(5) and 395.8
- Comply with the requirements for driver/vehicle inspection reports and maintenance records. Reference: Part 396. The records will indicate: a maintenance schedule, repairs made, 90 days of driver/vehicle inspection reports (defects corrected and repairs noted), and a federal annual inspection for each vehicle.
- A qualification record will be on file for individuals performing annual motor vehicle inspections. Reference: 396.19
- A qualification record will be on file for individuals performing brake inspections. Reference: 396.25
- All vehicles listed for operating authority must be able to pass a North American standard vehicle inspection. Reference: Appendix G of the Federal Motor Carrier Safety Regulations.

The Public Service Commission application for public convenience and necessity for operation will be forwarded to the State Transport Police. A State Transport Police officer will contact a carrier official for an appointment normally within 30 days after receiving the application.

#### *Helpful internet addresses and phone numbers:*

Federal Motor Carrier Safety Administration - [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov) - (803) 765-5414

Hazardous Material Safety - <http://hazmat.dot.gov> - (800) 467-4922

Motor Carrier Services - [www.scdps.org/stp](http://www.scdps.org/stp) - (803) 737-6620

S.C. Trucking Association - [www.sctrucking.org](http://www.sctrucking.org) - (803) 799-4306

Motor Coach Association of S.C. - [www.scmotorcoach.com](http://www.scmotorcoach.com) - (803) 772-5354

# Motor Carrier Services

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Five motor carrier programs are administered by Motor Carrier Services. You may be required to comply with several of those programs depending on the nature of your operations.

You can obtain any of the forms for the following programs by contacting Motor Carrier Services at 803-737-6620. Please be specific as to what you need. The following descriptions will be of help to you.

The International Registration Plan, known also as IRP, would require you to have an apportioned tag on your vehicle if you are going into other states transporting property and:

- The power unit has 2 axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds.
- The power unit has 3 or more axles and weight does not matter.
- If used in combination and the weight of the combination exceeds 26,000 pounds.

The International Fuel Tax Agreement, known as IFTA, would require you to have an IFTA decal on your vehicle if you are going into other states transporting property or persons and:

- The motor vehicle has two axles and a gross vehicle weight or registered gross vehicle weight that exceeds 26,000 pounds or 11,797 kilograms.
- Has three or more axles and weight does not matter.
- Used in combination and the combination weight exceeds 26,000 pounds or 11,797 kilograms gross vehicle weight or registered gross vehicle weight. Recreation vehicles are not included.

The Single State Registration System, known also as SSRS, applies to carriers that are hauling for-hire under a Motor Carrier number issued by the Federal Highway Administration. Upon obtaining that authority you must complete the application RS-1 and RS-2, submit a copy of the authority, BOC-3 Process Agent listing form, have your insurance company file the required BMC 91X liability filing and remit the required fees.

The Certificate of Compliance, known also as COC, applies to carriers that will haul intrastate for-hire from one point in South Carolina to another point. Carrier must complete an application, file the required liability/cargo insurance and remit application fee.

The Exempt Carriers are out of state carriers that transport exempt commodities through South Carolina from other States. Those carriers are required to complete an application, remit the required fees and insurance.

## OTHER AGENCIES TO CHECK:

Federal Highway Administration issues interstate authority and U.S. DOT numbers. Contact 803-765-5414 for information.

Internal Revenue Service for the Heavy Vehicle Use Tax (Form 2290)

S.C. Dept. of Transportation for oversize/overweight permits. Contact 803-253-6250

S.C. Public Service Commission for passenger and household goods intrastate at 803-896-5191.

S.C. Dept. of Revenue for property taxes at 803-898-5482.

# Federal Motor Carrier Safety Administration Educational and Technical Assistance Package

## HOW TO OBTAIN MANUALS AND FORMS

1. Federal Motor Carrier Safety Regulations (FMCSRs)
2. Driver Qualification Packets
3. Accident Countermeasure Manuals

The Federal Motor Carrier Safety Administration does not stock or supply manuals and forms, such as the FMCSRs, "Accident Countermeasure" Manual, Medical Examiner's Certificate, Driver's Qualification File Forms, Driver's Daily Log Books, Hazardous Materials Placards, Hazardous Materials Labels, etc. They may be obtained from printing firms, State motor carrier associations, or other sources including, but not confined to, those listed below. Please note that the following suppliers may carry only certain items.

ArtCrest, Inc.  
2003 Louisiana Street  
Little Rock, AR 72206  
(501) 374-6427  
(Placards & Labels)

Jack Bilt Corporation  
906 Central Street  
Kansas City, MO 64105  
(816) 842-5068

J.J. Keller & Associates, Inc.  
3003 West Breezewood Lane  
P.O. Box 368  
Neenah, WI 54957-0368  
(877) 564-2333  
(Various Forms and Manuals)

Superintendent of Documents  
U.S. Government Printing Office  
Washington, D.C. 20402  
(202) 512-1800

Lancer Insurance Company  
370 West Park Avenue  
Long Beach, NY 11561  
(516) 431-4441  
(Bus/Accident Countermeasure Manual)

LabelMaster  
5724 North Pnlaski Road  
Chicago, IL 60646-6797  
(800) 621-5808  
(Placards & Labels)

(Your) State Motor Carrier Association  
(See the white pages of telephone  
directory in state capital city  
for address and number)

Triodyne, Inc.  
5950 West Toughy Avenue  
Niles, IL 60714-4610  
(708) 677-4730 Ext. 162  
(Accident Countermeasure Manual)

Federal Motor Carrier Safety Regulations	49 CFR Parts 200-399
Federal Hazardous Materials Regulations	49 CFR Parts 100-177
HM Container Regulations	49 CFR Parts 178-199

### Submit MCS 150 Form Online

The Federal Motor Carrier Safety Administration now lets carriers submit the agency's MCS 150 registration form online.

To do so, carriers simply access the FMCSA Internet site, fill out the form and transmit it.

This method requires the use of a credit card as a way of guaranteeing authenticity. To register online, go to <http://63.72.112.205/Intro.asp>